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ABSTRACT

Numerous studies have suggested that depression and social anxiety are associated with perfectionism. The present study examines how self-oriented perfectionism and socially-prescribed perfectionism influence cognitive reactions to an interpersonal interaction. Undergraduate women (n=90) completed the Multidimensional Perfectionism Scale, the Beck Depression Inventory (BDI), and the Social Avoidance and Distress Scale (SAD) as part of a preassessment battery. Self-regulation theorists posit three cognitive processes which guide behavior: (1) standard-setting; (2) self-monitoring; and (3) self-evaluation. Research indicates that neither depressed nor socially anxious individuals establish higher standards for themselves than do control subjects. This suggests that standard-setting alone is unlikely to explain the link between perfectionism and interpersonal problems. But a person's own judgment of his or her abilities and the extent to which that person self-monitors and evaluates performance are also significant factors. Interpersonal problems may arise because the perfectionist doubts his or her ability to meet personal standards or others' standards. Additionally, perfectionism might lead to more frequent self-monitoring, which may disrupt social behavior. Socially-prescribed and self-oriented perfectionism appear to operate through different cognitive processes. This study suggested that socially-prescribed perfectionism may be particularly influential in interpersonal situations because it increases self-focused attention and appraisal. Self-appraisal in turn interacts with factors such as one's perceptions of one's social abilities to influence social behavior. (MSF)

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PERFECTIONISM IN AN INTERPERSONAL CONTEXT

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Perfectionism
in an Interpersonal Context

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Both depressed and socially anxious individuals are characterized by interpersonal problems. We have been engaged in a program of research to identify how cognitive factors contribute to the interpersonal difficulties of the depressed or anxious person. Numerous studies conducted by the members of this distinguished panel have suggested that depression and social anxiety are associated with perfectionism. We became interested in whether perfectionism contributes to difficulties in interpersonal interactions - for people in general and for anxious and depressed people in particular.

Although perfectionists are generally believed to have problems with interpersonal relationships (e.g., Pacht, 1984; Burns, 1980), few empirical studies have examined the role of perfectionism in an interpersonal context. No work has addressed how, that is, the process by which, perfectionism disrupts interpersonal functioning. Our goal in this study was to examine how perfectionism influences cognitive reactions to an interpersonal interaction.

Cognitive aspects of interpersonal interactions have often been examined within the framework of self-regulation models. According to self-regulation theorists, behavior is guided by three cognitive processes: standard-setting, self-monitoring (self-observation), and self-evaluation (i.e., assessing whether one's performance is adequate). In this study, we examined the three facets of the self-regulation process in the context of a social interaction to determine which factors were associated with perfectionism.

It is often assumed that the deleterious effects of perfectionism are due to dysfunctional standard setting. According to this model, the perfectionistic person evaluates him or herself in light of stringent standards and, as a result, feels personally inadequate and emotionally distressed. In the interpersonal realm, feelings of inadequacy and emotional distress are likely to lead to poor interpersonal behavior, social failure, and so on. This process can be summarized as diagrammed in Figure 1.

However, research conducted within the framework of self-regulation theories indicate that neither depressed nor socially anxious individuals establish higher standards for themselves in social situations than do control subjects (Ahrens, Kanfer & Zeiss, 1988; Kanfer & Zeiss, 1983; Wallace & Alden, 1991). This suggests that standard-setting alone is unlikely to explain the link between perfectionism and interpersonal problems. (That is to say, the depressed or anxious person's social difficulties are unlikely to arise simply because they set higher social standards for themselves than other people).

Self-regulation models suggest two other factors that might enter into the equation: the person's judgement of his or her own abilities (i.e., self-efficacy) and the extent to which a person self-monitors and evaluates performance. In terms of self-efficacy: people may perceive their own or another's standards as perfectionistic because they recognize that those standards exceed their abilities. In this scenario, interpersonal problems arise because the perfectionist doubts his or her ability to meet personal standards or others' standards for him or her, rather than because those standards are particularly high. This can be seen in Figure 2.

In terms of self-monitoring: A growing body of research has demonstrated that self-focused attention and perseverative self-appraisal contribute to depression and anxiety. A perfectionistic individual might be particularly motivated to engage in this self-monitoring process. According to this scenario perfectionism might lead

to more frequent self-monitoring, which in some individuals would disrupt social behavior. This is diagramed in Figure 3.

Hewitt and Flett (1991) have demonstrated that there are different types of perfectionism. It may be that different processes are involved in different types of perfectionism. Thus, people characterized by Self-oriented Perfectionism (i.e, who perceive themselves as perfectionistic) may have different cognitive responses to a social situation than subjects characterized by Socially-prescribed Perfectionism (i.e, who believe that others have perfectionistic expectations for them). We felt that Socially-prescribed Perfectionism may be particularly relevant to interpersonal situations.

In summary then, this research examined self-oriented (SOP) and socially-prescribed perfectionism (SPP) within the self-regulation framework. Our goal was to identify the self-regulatory processes associated with each type of perfectionism in the context of an interpersonal interaction.

Method

Subjects

90 undergraduate women completed the Multidimensional Perfectionism Scale, the Beck Depression Inventory (BDI) and Social Avoidance and Distress Scale (SAD) as part of a preassessment battery.

Social Task

They then participated in a social interaction in the laboratory with a male experimental confederate who posed as another student. The task was described as a first meeting situation in which two strangers were to become acquainted. An opposite-sex social task was used to increase the difficulty of the interaction. The confederate was trained to remain neutral and to be consistent across subjects. Behavioral checks were made to confirm the confederate's conformity to his role.

Dependent Measures

Subjects completed a series of 10-point scales, which were summed to provide 3 scores, which reflected their personal standards for the interaction, their perceptions of others' standards for them, and their social self-efficacy. (Instead of verbal anchors, videotapes of social interactions of various levels of skillfulness were used to demarcate various points along the scale.) Subjects also rated the frequency with which they appraised and evaluated their behavior during the social interaction.

Results

Multiple regression analyses using the backward elimination procedure were used to examine the association between the three facets of the self-regulation process and scores on the perfectionism scales. The backward elimination procedure enters all predictors into the prediction equation and then removes those whose elimination does not significantly reduce R-squared. The backward process was used because it avoids the situation in which extremely small differences in the correlations between the criterion and overlapping predictors prevent the consideration of some predictors. In addition, the backward procedure considers linear combinations of variables. Given the theoretical context of the present study, the small number of predictors to be examined, and the likelihood that combinations of the various facets might be meaningful, the backward elimination procedures was judged to be the best choice.

In the first analysis, Socially-prescribed Perfectionism scores were regressed onto three predictors: others' standard, social self-efficacy, and frequency of appraisal. Results indicated that only frequent of appraisal entered into the prediction equation at a statistically significant level ($p < .05$, Beta = .37). This analysis was repeated twice, once for those who obtained high BDI scores (BDI > 12) and once for those who obtained high SAD scores (SAD > 13) (i.e., for

subjects who were depressed and for subjects who were anxious). In both cases, the results were the same: Socially-prescribed Perfectionism was associated with a greater frequency of self-appraisal.

In the next analysis, Self-oriented Perfectionism was regressed onto three predictors: personal standard, social self-efficacy, and frequency of appraisal. Results indicated that the combination of self-efficacy (weighted negatively: Beta = -.20) and personal standard (weighted positively: Beta = .27) best predicted Self-oriented Perfectionism. This analysis was repeated for subjects high in depression and for subjects high in social anxiety. These analyses yielded less definitive results.

Pearson rs indicated that Socially-prescribed Perfectionism was significantly correlated with both SAD (r (90) = .31) and BDI (r (90) = .49) scores and that Self-oriented Perfectionism was not related to either SAD (r(90)=.02) or BDI (r(90)=.11) scores.

Discussion

Subjects who perceived others as having perfectionistic expectations for them (those high in Socially-prescribed Perfectionism) appraised their behavior more frequently during the interaction. It was as if they watched themselves and repeatedly asked "How am I doing here?" This was true for depressed and socially anxious people as well. Furthermore, depressed and anxious people were higher on Socially-Prescribed Perfectionism, which suggests that they might be particularly likely to engage in this perseverative appraisal process.

We have other data to suggest that heightened self-appraisal if combined with low social self-efficacy leads to dysfunctional social behaviors, such as withdrawal and behavioral signs of anxiety (Alden, Teschuck & Tee, 1992; See also Burgio, Merluzzi & Pryor, 1986). This suggests that Socially-Prescribed Perfectionism may lead to a process such as the one diagrammed in Figure 4.

Self-oriented perfectionism was associated with somewhat different cognitive reactions to the interaction. Self-oriented perfectionists were characterized by a discrepancy between their personal standards and their judgements of self-efficacy, i.e., they appeared to set standards that exceeded their abilities. However, Self-oriented perfectionism was not associated with depression or social anxiety and did not appear to strongly influence the self-regulatory responses of depressed of anxious individuals to this social situation. It may be that self-oriented perfectionism exerts greater influence in the context of achievement tasks or following failure experiences, i.e., situations characterized by clear evidence of failure.

In summary, this study suggests that perfectionistic thinking does influence cognitive responses to interpersonal interactions. Socially-prescribed and Self-oriented perfectionism appear to operate through somewhat different cognitive processes. This study suggested that Socially-prescribed Perfectionism may be particularly influential in interpersonal situations, largely because it increases self-focused attention and appraisal. Self-appraisal in turn interacts with factors such as one's perceptions of one's social abilities to influence social behavior.

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Figure 1

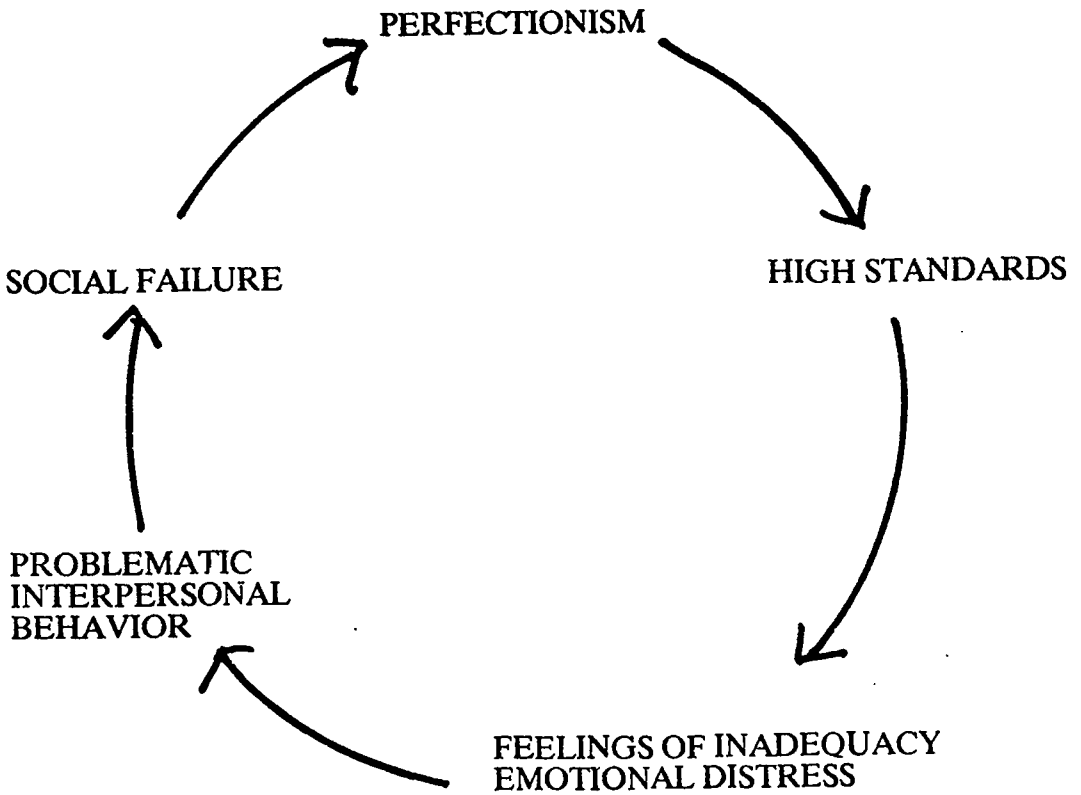

PERFECTIONISM
HIGH STANDARDS
FEELINGS OF INADEQUACY
EMOTIONAL DISTRESS
PROBLEMATIC
INTERPERSONAL
BEHAVIOR
SOCIAL FAILURE

Figure 2

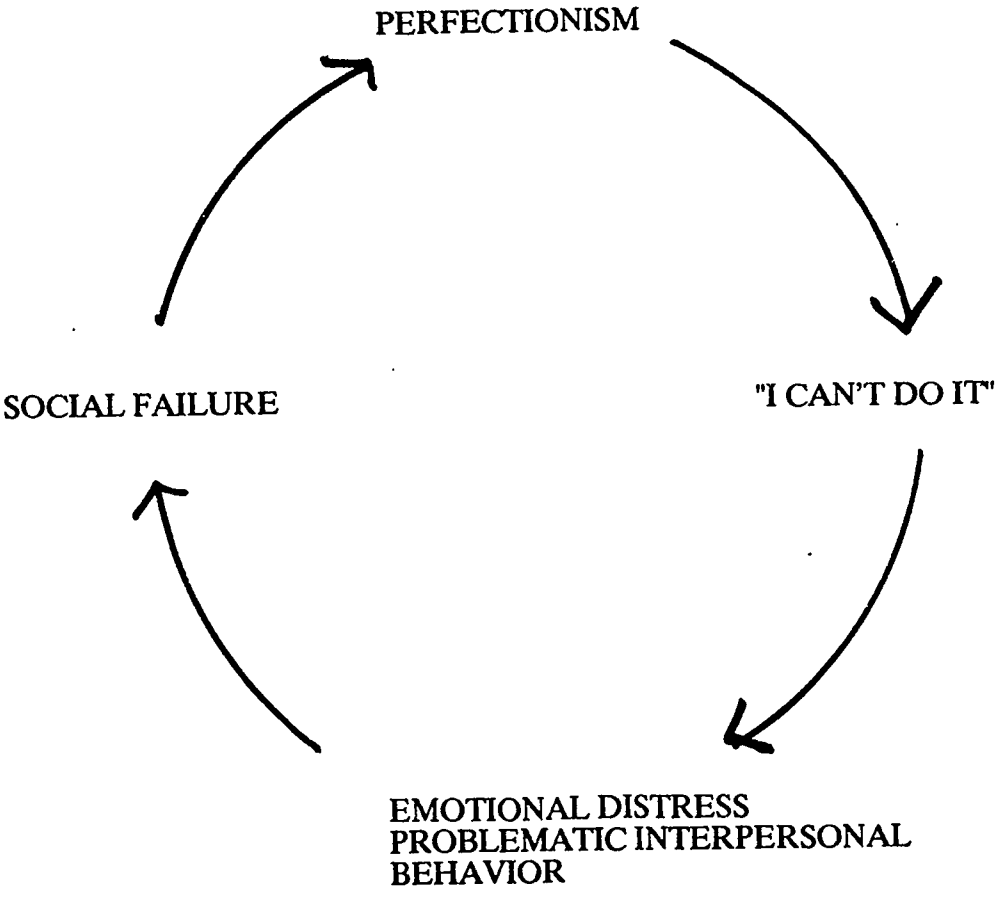

PERFECTIONISM
"I CAN'T DO IT"
EMOTIONAL DISTRESS
PROBLEMATIC INTERPERSONAL
BEHAVIOR
SOCIAL FAILURE

Figure 3

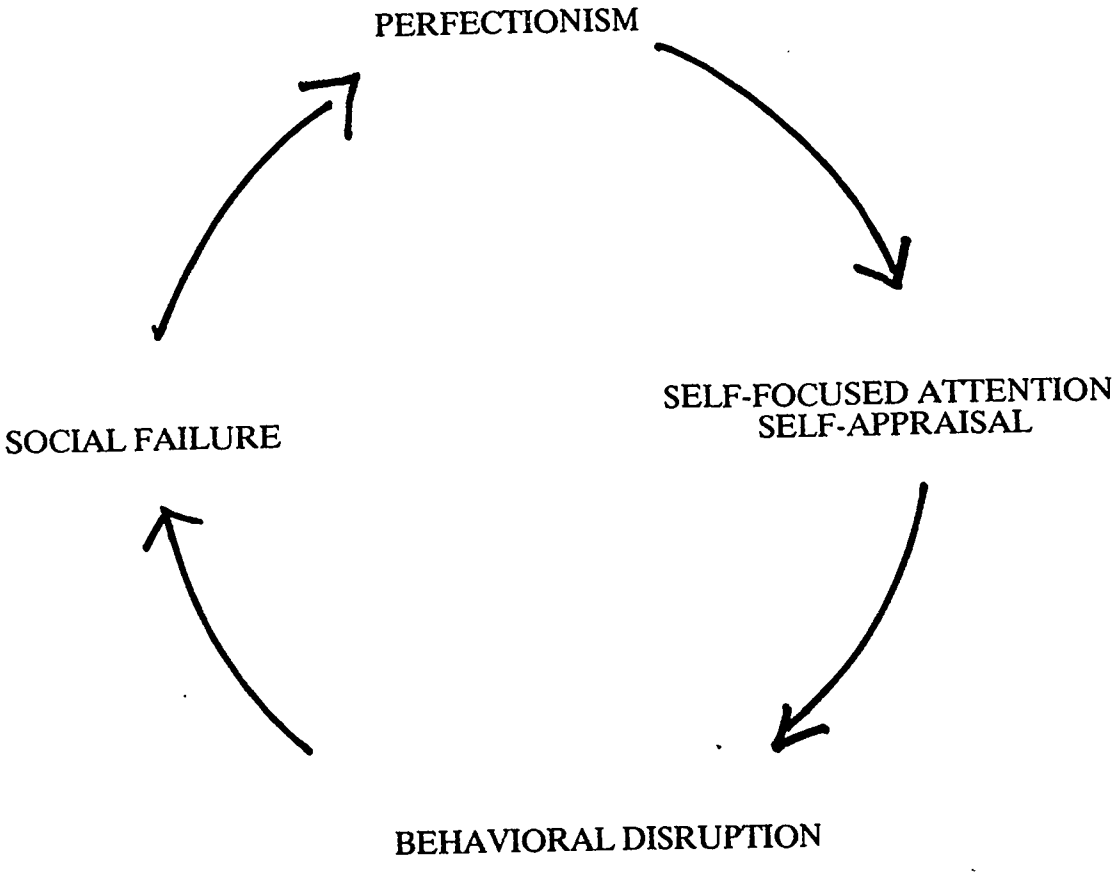
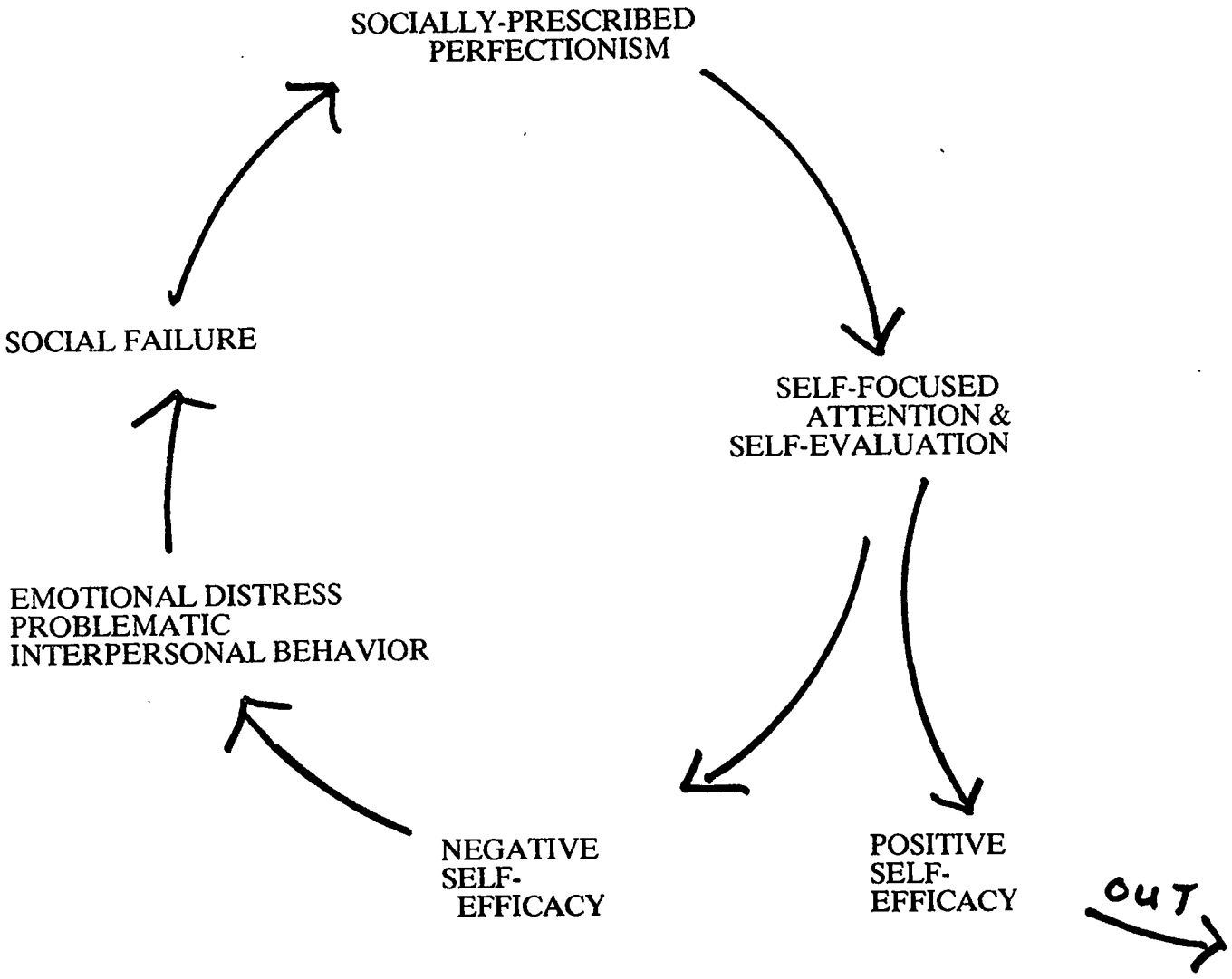

PERFECTIONISM
SELF-FOCUSED ATTENTION
SELF-APPRAISAL
BEHAVIORAL DISRUPTION
SOCIAL FAILURE

Figure 4


SOCIALLY-PRESCRIBED
PERFECTIONISM
SELF-FOCUSED
ATTENTION &
SELF-EVALUATION
POSITIVE
SELF-
EFFICACY
OUT
NEGATIVE
SELF-
EFFICACY
EMOTIONAL DISTRESS
PROBLEMATIC
INTERPERSONAL BEHAVIOR
SOCIAL FAILURE